

**ONLINE FILING EXEMPTION REQUEST**

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

**IMPORTANT:  
PLEASE COMPLETE THIS FORM IN ITS ENTIRETY**

*(Please print or type)*OWNER, PARTNER, OR CORPORATION NAME AND ADDRESS *(street, city, state, zip code)*

<div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black;"></div>	<div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black;"></div>
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RETURN THIS REQUEST TO:

**CALIFORNIA DEPARTMENT OF  
TAX AND FEE ADMINISTRATION  
RETURN ANALYSIS UNIT MIC:35  
PO BOX 942879  
SACRAMENTO CA 94279-0035**

ACCOUNT NUMBER

You may request a one year exemption from filing online if it causes hardship. If an exemption is granted, you will continue to receive paper returns for one year. You will be notified in writing if your request is granted or denied.

It is your responsibility to file timely even if you do not receive a return or form.

**EXPLAIN WHY FILING ONLINE CAUSES HARDSHIP** *(use back side of this form if necessary)*


**SIGNATURE IS REQUIRED**

SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER

DATE

PRINTED NAME

TELEPHONE NUMBER

EMAIL ADDRESS

(       )

**CDTFA USE ONLY**

☐ APPROVED☐ DENIED

CDTFA EMPLOYEE

DATE